

HIV/AIDS

BEHAVIORAL SURVEILLANCE SURVEY

LESOTHO 2002

SUMMARY TECHNICAL REPORT—ROUND 1

A report from:

Family Health International

The Lesotho Ministry of Health

Lesotho AIDS Programme Co-ordinating Authority (LAPCA)

Sechaba Consultants

U.S. Agency for International Development (USAID)

Funded by:

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KEY FINDINGS

- Almost all groups know of at least one correct way to protect themselves, and a majority in most of the target groups knows three ways.
- In the adult groups more than half said that if a member of their family became ill with HIV they would not want it to remain a secret.
- Despite successes in some areas, a significant proportion of Basotho, especially young Basotho, are at increased risk of HIV infection. This is surprising in light of their relatively high levels of knowledge.
- Comprehensive knowledge about AIDS is particularly low among the miners and taxi drivers, compared to the soldiers. It is also low for women and youth, although it is higher for in-school youth than for out-of-school youth.
- Knowledge of someone who is infected by HIV/AIDS or has died of HIV/AIDS does not necessarily translate to safer sexual practices.
- Youth start engaging in sexual activities at a very young age, with males reporting more sexual activity and higher numbers of partners.
- Multiple partnership is a common practice among both the youth (particularly males) and adult groups.
- Condom use is low among all groups.
- It is common for female sex workers to have had their first sexual encounter at a young age and also to have received money for sex at a young age.
- Misconceptions and knowledge levels are not correlated. For example, people whose HIV/AIDS knowledge levels are high are no less likely to have misconceptions about the virus than those whose knowledge levels are low.
- Knowledge of STD symptoms is high, while reported incidences are contradictorily low compared to health statistics reports. Female sex workers reported the highest incidence of STDs.
- HIV testing is very low in all groups.

Figure 1.



1. INTRODUCTION

1.1 Background

Lesotho is a small, mountainous, landlocked country completely surrounded by South Africa. The estimated potential work force is 800,000 out of a population of roughly 2 million. The capital city is Maseru. Other major towns are Mafateng and Leribe. The official language is Sesotho, but English is widely spoken in business and commerce. The local currency is the Loti (plural Maloti), which is linked to the South African Rand. Lesotho has a land area of 30,350 square kilometers.

The country's main exports include ceramics, clothing, inedible crude materials, footwear and footwear components, furniture, miscellaneous manufactured goods and wool. The main imports include cereals, electricity, food ingredients, machinery, medicines, miscellaneous manufactured goods, oil products and petroleum products. Lesotho ranks 127th out of the 174 countries in the UNDP's Human Development index and is one of the poorest countries in the world.¹ Poverty and inequity in Lesotho are high. Although economic performance improved between 1993 and 1997, this did not translate into reduced poverty levels. The poverty line in Lesotho in 2001 prices was M124.00 (US\$11) per person per month.² A study by Sechaba Consultants³ indicates that 68 percent of the population is considered poor. Lesotho had an annual per capita income of US\$520 in 2000 prices.

Some Health Indicators

- As a result of the increase in HIV infection, life expectancy in Lesotho has already fallen (from 60 in 1991 to 52 in 2001) and is projected to fall to 35 years by 2015.
- Infant mortality rate: 82.77 deaths/1,000 live births (2001 estimate).
- Access to services: 80 percent.
- Population per doctor: 25,000.

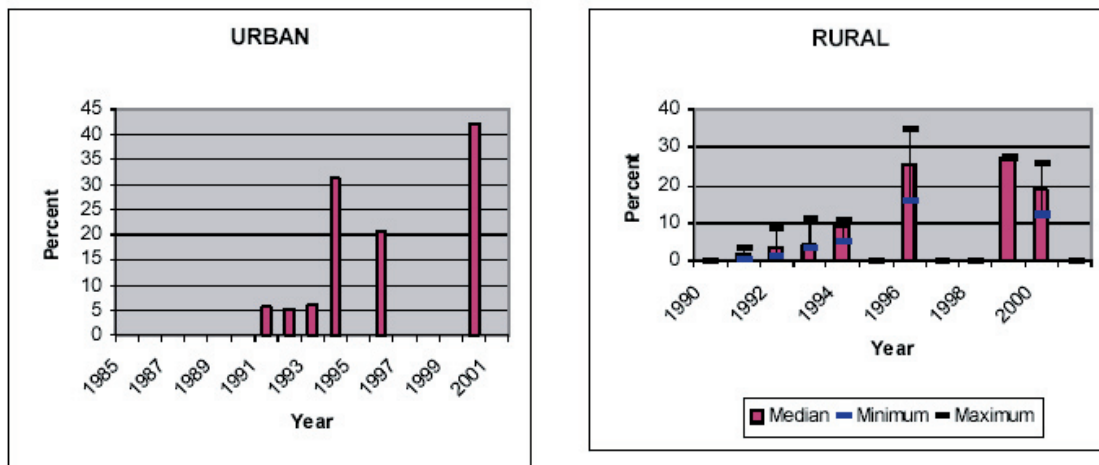
The government is the key provider of health services in the country. It provides reproductive health and family planning services through nine hospitals and about 50 health centers spread throughout the country's four regions. Its efforts are supplemented by the private sector and non-governmental organizations through nine hospitals and about 75 health centers and service delivery points scattered across the country.

1.2 Overview of AIDS Situation in Lesotho

As in other African countries, HIV/AIDS is emerging as a major health and development concern in Lesotho. UNAIDS estimated that about 31 percent of adults (15-49 years)—an estimated 330,000 persons—were living with HIV (excluding those with AIDS) in Lesotho at the end of 2001.

According to Dr. Maw of the Ministry of Health, the total cumulative number of reported cases in hospitals was 14,640; however, it is noted that the real cumulative figures are probably much higher due to under-reporting.⁴ The report also notes that the number of newly diagnosed AIDS cases increased dramatically since 1992. The report states that the rate of HIV infection in sexually active adults continues to rise and the epidemic is taking an increased toll among young people, in particular young women. It shows AIDS cases being primarily clustered in the 20-39 age group. In 2000, 54.9 percent of the reported cases were among females. The report also shows that a majority of the reported cases were among married people (62.4 percent), followed by single people (15.9 percent), while the remaining 22.7 percent were either separated, widowed or divorced. Housewives accounted for the highest proportion (29 percent) of reported cases. Miners and/or former miners account for 19 percent of the reported cases. The geographic distribution of new cases shows that Maseru district has the highest number, followed by Mafeteng, Berea and Leribe.

Fig. 2 Lesotho Sentinel Surveillance: Trends in HIV prevalence among antenatal clinic attendees (UNAIDS Epidemiological Factsheet).



Median prevalence and ranges are shown in areas with more than one sentinel site.

From 1991 to 1994, annual HIV sentinel surveys were conducted among antenatal clinic (ANC) attendees and STI patients attending the clinic in five sentinel sites in Lesotho. However, after 1994 Lesotho did not have a functional HIV sentinel surveillance due to a lack of technical and financial resources. In 1996 HIV sentinel survey resumed, but the analysis was delayed due to technical reasons. In 2000 the surveys were restarted in the five previous sites and were also extended to one more site in the mountain areas. Unlinked anonymous testing was carried out. Trends in HIV infection among antenatal clinic attendees are on the increase. (See Figure 2.) In 2000 the reported HIV prevalence in the five sites ranged from 19.8 percent to 42.2 percent, with Maseru reporting the highest rates. HIV prevalence among STD patients is also on an increase from 5.8 percent in 1991 to 65.2 percent in 2000. Here again the Maseru district has the highest rates.⁵ According to UNAIDS, the estimated number of adults and children who died of AIDS during 2001 is 25,000. The estimated number of children who have lost their mother, father or both parents to AIDS and who were alive and under age 15 at the end of 2001 is 73,000.

According to a UNICEF report, *Child Workers in the Shadow of AIDS*, antenatal testing shows that 11 percent of pregnant teenagers are HIV-positive.⁶ Approximately 20 percent of all pregnant and lactating mothers are HIV-positive, and each year some 2,000 to 3,000 children are born HIV-positive. Many HIV-positive women assume their newborns are HIV-positive and abandon the infants.

According to the World Bank document, *The Development Impact of HIV/AIDS Selected Issues and Options in Lesotho*, HIV and AIDS cases are likely to be underestimated due to: a) inadequate diagnosis; b) failure on the part of some patients to seek hospital services; and c) poor maintenance of diagnostic AIDS data at health units.⁷ This is further substantiated by documentation in the UNICEF report, which indicates that the health services lack skilled professionals who can inform and counsel people on HIV care and support approaches. The report further shows that most mothers have no information on mother-to-child transmission of HIV and the options for feeding their infants safely. Obstetric care is poor, birth practices expose newborns to HIV, and the drugs to reduce HIV transmission during delivery are not available in Lesotho.

The major risk factors contributing to the increasing HIV/AIDS prevalence in Lesotho are multiple sexual partners and STDs as opportunistic diseases in promoting the spread of HIV.

1.3 Introduction to Behavioral Surveillance Surveys

FHI's Behavioral Surveillance Surveys (BSS) provide valuable data about HIV/AIDS-related knowledge, attitudes and behaviors. The BSS methodology is a monitoring and evaluation tool designed to track trends in HIV/AIDS-related knowledge, attitudes and behaviors in subpopulations at particular risk of the infection, such as female sex workers, injection drug users, migrant men and youth. Based on classic HIV and sexually transmitted disease (STD) serologic surveillance methods, BSS consist of repeated cross-sectional surveys conducted systematically to monitor changes in HIV/STD risk behaviors.

A key benefit of the methodology is its standardized approach to questionnaire development, sampling frame construction and survey implementation and analysis. BSS findings serve many purposes: They yield evidence of project impacts, provide indicators of project successes and highlight persistent problem areas, identify appropriate intervention priority populations, identify specific behaviors in need of change, function as a policy and advocacy tool, and supply comparative data concerning behavioral risks.

National BSS have been conducted in more than 25 countries, and their use is growing. Since 1999 they have been used in cross-border sites in Asia and Africa, where they have proven to be beneficial in understanding the pandemic from a regional and country-specific perspective. In several countries, multiple rounds of BSS have been conducted, with the trend data used to formulate new programs and to adapt existing ones.

1.3.1 Objectives

The objectives of the BSS are:

- To help provide information that will help develop a system to track behavioral trend data for the high risk and vulnerable target groups that influence the HIV/AIDS epidemic in Lesotho
- To strengthen the second-generation surveillance system of Lesotho
- To provide information on behavioral trends of key target groups in some of the same catchments areas where intervention projects are being offered
- To provide information to help guide program planning and implementation
- To provide evidence of the relative success of the combination of HIV prevention efforts taking place in selected sites
- To obtain data in a standardized format that will enable comparison with other behavioral surveillance studies carried out in other countries

2. STUDY DESIGN AND METHODOLOGY

Data for round one of the Lesotho BSS was collected between May and December 2001. Important characteristics of the BSS methodology are that it employs a cross-sectional design that conforms to a standardized sampling process and collects information on standardized indicators. As a result of obtaining representative samples from defined geographic locations, the process can be repeated to monitor trends over time and to compare indicators between sites.

The number of respondents from each target group at each site is documented in Table 1.

Sample size calculations are very important in behavioral surveillance surveys. Sample sizes were determined for each group and district using the basis of behavioral parameters, the behavior change to be detected, the degree of confidence in such a change, statistical power and design ef-

Table 1: Study populations and sites

Category	Description	Location and study sites	Study Populations
Youth in school	Youth in secondary/high schools	Mainly located in formal schools in the Maseru and Leribe districts	46 schools were visited in Maseru and in Leribe. At the end of the survey a total of 398 males and 465 females were interviewed in Maseru, and 432 males and 455 females in Leribe.
Youth out of school	Single, unemployed, out-of-school youth	Household survey in three districts of Maseru, Leribe and Mafeteng	A total of 2,522 out-of-school youth were interviewed in the three districts of Maseru, Leribe and Mafeteng. Of these 741 were males age 15 to 19 years, 878 were females 15 to 19 years old, 522 were males 20 to 24 years and 377 were females 20 to 24 years.
Miners	Men who work in the mines in the Republic of South Africa	Located at the TEBA offices in Maseru and Leribe	380 subjects interviewed in Maseru and 385 in Leribe
Taxi drivers and assistants	Inter-district and local taxi drivers and assistants, who are highly mobile and spend most of their time on the road	Located at the taxi ranks in Maseru and Maputsoe	408 subjects interviewed in Maseru and 305 in Leribe
Soldiers	Men serving in the army who are highly mobile and have secure income sources	At the Makoanyane, Ratjomose and Airwing bases in Maseru	496 subjects interviewed at the Ratjomose, Makoanyane and Airwing bases in Maseru
Low income migrant women	Women who have migrated from rural areas to come and seek employment in the garment and textile factories in urban settings	Located outside the main factories at the industrial sites in Maseru and Maputsoe	300 subjects interviewed in Maseru and 343 in Maputsoe
Female sex workers	Women selling sex for money	Located in bars, hotels, restaurants, night clubs, streets and at the borders in Maseru and Maputsoe	290 subjects interviewed in both Maseru and Maputsoe towns

fects. Two stage cluster designs were used with each group. During the first stage, clusters were selected from a complete list of sites by probability in proportion to size. Respondents were selected from these clusters during the second stage.

A sampling frame was initially prepared to provide the basis for selecting clusters. Taxi ranks were used to locate the drivers and assistants, while taxi routes were used as clusters for sampling them. TEBA offices were used for locating the miners, military barracks were used for locating the army officers and schools were used for locating in-school youth. Households were used to locate out-of-school youth; bars, streets, hotels, discotheques and nightclubs were used to locate sex workers; and factory establishments were used to locate low-income migrant women. Information regarding clusters, such as districts, population group and the estimated number of individuals per cluster, was recorded.

2.1 Study Populations

The BSS seeks to include populations that are at particularly high risk or increased vulnerability for HIV and that influence the direction and dynamics of the overall epidemic. Female sex workers are considered to be one of the core groups driving the epidemic because of their high rate of HIV and their exposure to multiple partners. The BSS identified and included female sex workers that operate from bars, streets, hotels and nightclubs, and all of them were interviewed at their place of work.

While it is important in a generalized epidemic to expand prevention efforts to those with lower risk of transmitting the virus, it is also important not to lose sight of those groups driving the epidemic. Population groups practicing high levels of risk behavior (for whatever reason) still have a great impact on the spread of HIV infection in generalized epidemics. Thus it is important to maintain focus on interventions with those groups, and as a logical consequence, to monitor their behavioral trends.

In this context, it is also appropriate that surveys concentrate on subsets of the general population that may interact extensively with sex workers or have multiple partners. Male workers also constitute such a group. It has been noted that members of the uniformed services, including the military, are at higher risk of exposure to HIV infection. Military personnel are often out at night and in close contact with sex workers. Due to the nature of their work, they are also a mobile population. Military men of all cadres were interviewed at three military camps. The officers were randomly selected from the different army units to achieve a desired sample size. Male miners are also potentially at risk because they are often young, have some disposable income, may be living away from home and work in a physically high-risk environment. Randomly selected mine workers in the Maseru and Leribe TEBA offices were interviewed. Respondents were selected using a “time location” method. Taxi drivers and their assistants are considered to be at an elevated risk level because they are a mobile group, spend most of their time on the road and may have casual and commercial partners. In addition, they may be more likely to indulge in alcohol and drugs. All of these factors increase the chances of being at increased risk of infection. Taxi routes were used as a cluster for sampling taxi drivers and assistants, and fixed time intervals were used to select respondents. Taxi drivers and assistants were also sampled as different groups.

Young people are particularly vulnerable and figure centrally in the future course of the epidemic. They are an essential focus for prevention messages in every sexual health program. Since most new infections in mature HIV epidemics are in young people, modest changes in behavior will have a significant impact on the epidemic. It is difficult to change risky sexual behavior after behavior patterns have been established, so it is arguable that the potential for long-term and lasting change may be greatest in this age group, especially for men.

The subgroups selected for this survey were both in-school and out-of-school youth. For the in-school youth the age range was 15-to-19 year-old male and female youth in the high-density districts of Maseru and Leribe. Interviews were conducted at selected schools throughout the two districts using proportional probability sampling (PPS).

The 15-to-24-year-old male and female youth not attending school were also included in the survey, and these were drawn from the Maseru, Leribe and Mafeteng districts. Maps of all enumeration areas (EAs) in the survey areas were obtained. Thirty-four EAs were randomly selected for each survey area. In each selected EA, the respondents were selected by using the random walk method. All eligible respondents in any selected house were contacted and interviewed.

3. RESULTS

Key results are presented in the following order:

- Male and female in-school youth (Table 2)
- Male and female out-of-school youth (Table 3)
- Female sex workers (Table 4)
- Low-income migrant women (Table 5)
- Adult male workers (Table 6)

Full definitions of the indicators are given in Appendix I. The knowledge indicators are composite indicators. “Knowledge of prevention methods” tests complete knowledge of the most common HIV prevention methods (abstinence, being faithful to one uninfected partner and condom use). “No incorrect beliefs about AIDS” tests correct understanding regarding the most common misconceptions about HIV. To pass that indicator, the respondent had to provide the following answers: a healthy looking person can be HIV infected, having sex with a virgin does not cure AIDS, and one cannot be infected by sharing a meal with an infected person. Comprehensive knowledge about AIDS was defined as having answered all the questions in the two indicators above correctly. A non-regular sex partner is defined as a non-spousal, non-cohabiting partner throughout. “Commercial sex” refers to an exchange of money for sex, typically between a “female sex worker” and a “client.” The term “risky sex” refers to sex with a non-regular, non-paying/non-commercial partner. Regular use of alcohol is defined as alcohol consumption at least once a week. Drug use is defined as ever having used any one of the drugs such as glue, petrol, dagga, mandrax, crack and cocaine.

3.1 Male and Female In-School Youth (Ages 15 to 19)

The BSS included 1,750 young men and women still in school between ages 15 and 19 from Maseru and Leribe. About four-fifths of the young men and women were living with their families and had a median 10 years of schooling. Very few of the youth reported consuming alcohol at least once a week, but a higher proportion of male respondents reported this. Eight percent of the men from Maseru and six percent of those from Leribe reported consuming alcohol at least once a week. Fifteen percent of the male youth from both Maseru and Leribe reported having used drugs.

Table 2 shows that over half (60 percent from Maseru and 53 percent from Leribe) of male youth had ever had sex, and the range of ages at first sex was 6 to 19 years, with a mean age of 14.6 years for those in Maseru and 14.8 years for those in Leribe.

The median age at first sex was 15 years for both males in Maseru and Leribe. Nearly one-quarter of the female youth from Maseru and one-fifth of those from Leribe had ever had sex, and the range of age at first sex was 9 to 19 years, with a mean age of 15.9 years in Maseru and Leribe and the median was 16 years for both. About 58 percent of the young men were sexually active in the past 12 months. Fifty-four percent of the females from Maseru and 59 percent of those from Leribe were sexually active in the past 12 months. The median age of the sexual partner at first sexual contact was 15 years for the young men and 18 years for the young women. Condom use at first sexual encounter was low among the young men, with 33 percent of the male youth from Maseru and 37 percent of those from Leribe reporting that they used a condom during their first encounter. On the other hand, around 70 percent of the female youth from Maseru and 69 percent of those from Leribe reported condom use at first sexual encounter. Less than 2 percent of all male youth surveyed reported having paid for sex in the past 12 months.

Awareness of condoms was high among the youth, with between 74 to 89 percent of the respondents reporting that they had heard of male condoms. A higher proportion of males than females knew of places where male condoms can be obtained, and this was the case in both Maseru and Leribe ($p < 0.000$). None of the young men reported having used a condom at the last sexual contact with a commercial partner. Fifty-seven percent of the male youth from Maseru and 69 percent of those from Leribe reported having used a condom during their last sexual encounter with a non-commercial partner. Over 70 percent of the female youth from Maseru and Leribe reported having used a condom during their last sexual encounter with a non-commercial partner. The lack of available condoms was the most commonly cited reason for not having used condoms with non-commercial partners. Other commonly mentioned reasons for not having used condoms were they did not think it was necessary, they do not like condoms and they did not think of it.

Over 90 percent of the respondents in both Maseru and Leribe reported that they had heard of HIV/AIDS. As can be noted from Table 2, knowledge of HIV prevention methods was fairly high at 61 percent among both male and female youth in both Maseru and Leribe.

However, comprehensive knowledge about HIV/AIDS remains very low, and stigma is still a major problem. Seventy-two percent of the male respondents in Maseru and 80 percent in Leribe mentioned the use of condoms as a means of protection against HIV/AIDS. Likewise, 69 percent of the female youth from Maseru and 78 percent of those from Leribe cited condom use as a means of HIV prevention. Over 80 percent of the male and female youth from Maseru and Leribe mentioned abstinence as a means of HIV protection, while around 90 percent of them mentioned fidelity to one partner as a means of protection.

Table 2: Knowledge of HIV prevention methods among in-school youth

Indicator	Maseru		Leribe		Total
	Male	Female	Male	Female	
Knowledge of HIV prevention methods	58.7% (229/390)	58.2% (253/435)	65.9% (270/410)	62.1% (256/412)	61.2% (1008/1647)
No incorrect beliefs about AIDS	42.6% (166/390)	48.5% (211/435)	41.0% (168/410)	42.0% (173/412)	40.4% (665/1647)
Comprehensive knowledge about AIDS	24.4% (95/390)	26.2% (114/435)	24.4% (100/410)	25.5% (105/412)	25.1% (414/1647)
Accepting attitudes towards those infected by HIV/AIDS	10.8% (42/390)	12.2% (53/435)	5.6% (23/410)	10.2% (42/412)	9.7% (160/1647)
Ever had sexual intercourse	60.1% (239/398)	24.5% (114/465)	52.5% (227/432)	18.7% (85/455)	38.0 (665/1750)
Median age at first sex	15	16	15	16	15
Premarital sex in the last 12 months	58.2% (139/239)	54.4% (62/114)	59.0% (134/227)	58.8% (50/85)	57.9% (385/665)
Condom use at last non-regular sex	57.2% (79/138)	71.0% (44/62)	68.7% (92/134)	72.9% (35/48)	45.7% (304/665)
Commercial sex among young men in the last 12 months	0.7% (1/138)	-	0.7% (1/134)	-	0.7% (2/272)
Condom use at last commercial sex among young men	0% (0/1)	-	0% (0/1)	-	0% (0/2)

A high proportion of the male youth—89 percent in Maseru and 73 percent in Leribe—had heard of STDs; however, the level of awareness of STD symptoms was relatively low. The most commonly cited symptom was genital ulcers/sores (around 39 percent in both Maseru and Leribe) in men. Twenty percent or fewer of the respondents mentioned all other symptoms. Around 81 percent of the female youth from Maseru and 73 percent of those from Leribe had heard of STDs; here too the level of awareness of STD symptoms was relatively low, with the most commonly cited STD symptom among women being genital ulcers/sores, which were reported by two in six respondents.

Only 6 percent of the male and female youth reported having had a STD symptom in the past 12 months.

Approximately one-half of all youth—51 percent from Maseru and 46 percent from Leribe—were aware of the availability of places to get confidential HIV testing in the community. Only 3 percent of the in-school youth said they had an HIV test within the last year, and of those tested, 80 percent received their result. Around 60 percent of the in-school youth said that if a member of their family became ill with HIV, they would want to keep it secret.

Overall, the data shows that youth start engaging in sexual practice at a very young age. Male youth were found to be more sexually active, and a higher proportion of males reported having used alcohol and drugs than females. While male youth tended to have had partners of the same age, the female youth had older partners.

3.2 Male and Female Out-of-School Youth (Ages 15 to 24 years)

Two thousand five hundred and twenty-two unmarried young men and women (741 males and 878 females ages 15 to 19 and 522 males and 377 females ages 20 to 24 years) were included in the BSS survey. More female youth than male reported having attended school, and a significantly higher proportion of females than males reported having completed their primary schooling ($p < 0.000$). A majority of the respondents reported that they lived with their families or relatives. The data seems to suggest that there is more migration among the female respondents than the male respondents, with a higher proportion of female respondents than male respondents reporting having lived in the same places for less than five years ($p < 0.000$). Drug use and alcohol consumption was higher for the male respondents than the female ones ($p < 0.000$).

Table 3 shows that a significantly higher ($p < 0.000$) proportion of males (58 percent) than females (41 percent) in the 15 to 19 year old age group reported having had sexual intercourse.

This was the case for the 20-to-24-year-olds, with more males (87 percent) than females (72 percent) reporting having had sexual intercourse. The range of age at first sexual encounter was 10 to 19 years with a mean age of 15.5 years and a median age of 15 years for male respondents in the 15-to-19-year-old age group. The range of age at first sex for the 20-to-24-year-old males was 10 to 24 years with a mean age of 16.7 years and a median of 17 years. The age at first sex for females ranged from 10 to 19 years with a mean age of 15.9 years and median age 16 years for the 15-to-19-year-old youth. On the other hand, the age at first sex ranged from 10 to 23 years with a mean age of 17.8 years and a median of 18 years for females in the 20-to-24-year range. The data shows that male respondents tended to report having partners of the same age, while females reported having older partners. A higher proportion (71 percent) of males than females (65 percent) in the 15-to-19-year-old age group reported that they had sex during the past 12 months. On the other hand, a significantly higher proportion of males than females in the 20-to-24-year-old age group also reported having had sexual intercourse during the last 12 months ($p < 0.000$).

A high proportion of the respondents in both age groups reported having heard of male condoms. A significantly higher proportion of males (82 percent) than females (76 percent) in the 15-to-19-year-old age group reported having heard of male condoms ($p < 0.010$). More males than females

were aware of places where male condoms were available, commonly citing shops, hospitals and clinics. Very few of the respondents had heard of the female condom.

A significantly higher proportion of females than males reported that they had used a condom during their first sexual encounter ($p < 0.000$); this was the case for the youth in both age groups. Likewise, female youth reported a higher level of condom use at the last sexual contact with a non-regular partner than their male counterparts.

Table 3 shows that around half of the out-of-school youth in both the 15 to 19 and 20 to 24 age groups had complete knowledge of the HIV prevention methods. Comprehensive knowledge about HIV was low among the out-of-school youth (particularly the 15-to-19-year-olds), and stigma and discrimination were high in both age groups.

Awareness of STDs was relatively low among the youth in the 15-to-19-year-old age group, with only 44 percent of the male and 54 percent of the female respondents reporting that they had ever heard of STDs. The same pattern was true for the 20-to-24-year-old youth, with slightly more females (72 percent) than males (68 percent) saying they had heard of STDs. Twenty-six percent of 15-to-19-year-old respondents were able to identify an STD symptom in women and in men (genital ulcers or sores). Male youth in the 20-to-24-year-old age group reported high levels of STD prevalence—overall 7 percent reported genital discharge and 5 percent reported a genital ulcer in the past 12 months. Five percent of the youth in the 15-to-19-year-old age group reported having had an STD in the past 12 months. A significantly higher proportion of males (10 percent) than females (5 percent) in the 20-to-24-year-old age group reported having had an STD in the past 12 months ($p < 0.023$). Around 20 percent of out-of-school youth said that if a member of their family became ill with HIV, they would want to keep it secret. Around 6 percent said they had an HIV test within the last year, and of those tested, 83 percent received their result.

Table 3: Male and female out-of-school youth BSS indicators

Indicator	15 – 19 years			20 – 24 years		
	Male	Female	Total	Male	Female	Total
Knowledge of HIV prevention methods	48.9% (331/677)	53.6% (438/817)	51.5% (769/1494)	53.7% (270/503)	58.8% (217/369)	55.8% (487/872)
No incorrect beliefs about AIDS	16.7% (113/677)	27.3% (223/817)	22.5% (336/1494)	30.8% (155/503)	33.9% (125/369)	35.7% (311/872)
Comprehensive knowledge about AIDS	10.3% (70/677)	18.8% (154/817)	15.0% (224/1494)	19.1% (100/503)	27.4% (101/369)	23.1% (201/872)
Accepting attitudes towards those infected by HIV/AIDS	6.6% (45/667)	10.6% (87/817)	8.8% (132/1494)	9.9% (50/503)	19.5% (72/369)	14.0% (122/872)
Ever had sexual intercourse	58.1% (431/742)	40.6% (357/879)	48.6% (788/1621)	87.2% (457/524)	71.9% (271/377)	80.8% (728/901)
Median age at first sex	15	19	16	15	20	17
Condom use at first sexual encounter	19.0% (82/431)	46.8% (167/357)	31.6% (249/788)	24.5% (112/457)	39.9% (108/271)	30.2% (220/728)
Premarital sex in the last 12 months	71.5% (308/431)	65.0% (232/357)	68.5% (540/788)	78.1% (357/457)	58.7% (159/271)	70.9% (516/728)
Condom use at last risky sex	37.3% (115/308)	45.9% (106/232)	41.0% (221/539)	50.6% (178/352)	61.5% (96/156)	53.7% (274/510)
Commercial sex among young men in the last 12 months	1.6% (5/308)		1.6% (5/308)	1.7% (6/357)	-	1.7% (6/357)
Condom use at last commercial sex among young men	0% (5/308)	-	0% (5/308)	16.7% (1/6)	-	1.6% (1/6)

3.3 Female Sex Workers

Two hundred and ninety FSWs were recruited for the BSS survey from Maseru and Maputsoe. The median age of sex workers surveyed was 23 years. Over half (52 percent) of sex workers reported having been married; however, only 19 percent reported that they were currently married and living with their spouse. Regular use of alcohol was common among sex workers (57 percent), and 16 percent reported having used drugs.

Female sex workers reported on average one client in the last day worked, and 33 percent reported having had nonpaying partners in the past 12 months. The amount of money received in exchange for sex varied enormously among the sex workers, and ranged from nearly nothing to up to M200 (US\$20). The data does not show any significant differences in the amounts of money received for having sex with or without a condom.

Eighty-three percent of the FSWs knew of a place where male condoms could be obtained. Fifty-nine percent of sex workers said that they had used a condom during their last paid sex act. Only 36 percent of sex workers reported that they used a condom with clients every time, while 34 percent reported never using condoms with paying clients. Thirty-five percent of the female sex workers said they used condoms during the last sexual encounter with a nonpaying partner, and 47 percent said they never used condoms with non-paying partners during the last 12 months.

The lack of understanding that condoms are an important means of HIV prevention is also reflected in the reasons FSWs gave for not using condoms with their last client. Fifty-seven percent of sex workers reported that they had not used condoms because they do not like them. Around 20 percent overall said that they did not use condoms because they were not available or because their partner objected.

The prevalence of other STDs was also high: 16 percent of sex workers reported vaginal discharge in the past 12 months, and 9 percent reported a genital ulcer. Overall, 26 percent reported having had an STD symptom in the past year. Table 4 shows that knowledge related to HIV was relatively low, with only 41 percent of the respondents responding correctly to all three prevention methods. Eighty-two percent of the sex workers knew that people can protect themselves by using a condom correctly at all times. Only 30 percent of the sex workers had no incorrect beliefs about AIDS, and only 11 percent of the sex workers had comprehensive knowledge about AIDS. There was, however, a high level of knowledge that HIV can be transmitted from a pregnant woman to her unborn child (85 percent). Sixty percent of sex workers were aware of the availability of confidential HIV testing; however, actual rates of testing were low (27 percent). Less than a third of the female sex workers said that if a member of their family became ill with HIV, they would want to keep it secret.

Table 4 shows that over 50 percent of the women in both Maseru and Leribe knew of all of the appropriate ways of preventing HIV/AIDS. However, very few—20 percent from Maseru and 21 percent from Leribe—had comprehensive knowledge about AIDS. A majority of the adult women had incorrect beliefs

Table 4: FSW BSS indicators

Indicator	Maseru and Maputsoe
Knowledge of HIV prevention methods	40.7% (114/280)
No incorrect beliefs about AIDS	29.6% (83/280)
Comprehensive knowledge about AIDS	11.4% (32/280)
Accepting attitudes towards those infected by HIV/AIDS	13.2% (37/280)
Mean age (years)	25
Condom use at last commercial sex	59.3% (172/290)
Consistent (100%) condom use with clients	35.9% (104/290)
Risky sex in the last (i.e. sex with non-regular, non-commercial partner)	33.4% (97/290)
Condom use at last risky sex	35.1% (34/97)

Table 5: Low-income women BSS Indicators

Indicator	Maseru	Leribe	Total
Knowledge of HIV prevention methods	56.5% (165/292)	50.9% (167/328)	53.5% (332/620)
No incorrect beliefs about AIDS	38.7% (113/292)	37.2% (122/328)	37.9% (235/620)
Comprehensive knowledge about AIDS	20.0% (59/292)	21.3% (70/328)	20.8% (129/620)
Accepting attitudes towards those infected by HIV/AIDS	13.0% (38/292)	11.6% (38/328)	12.3% (76/620)
Risky sex in the last year	53.7% (109/203)	48.2% (109/226)	50.8% (218/429)
Condom use at last risky sex	43.1% (47/109)	29.4% (32/109)	36.6% (79/216)

about AIDS. Only around 20 percent of the women said that if a member of their family became ill with HIV, they would want to keep it secret. Around 14 percent said they had an HIV test within the last year, and of those tested, 94 percent received the result.

3.4 Adult Female Target Populations: Low-Income Migrant Women

The survey included 643 women from the districts of Maseru and Leribe. The median age for the women was 23 years in both areas. Around 99 percent had been to school, and the median number of years of schooling was nine years. Although 54 percent of the women in Maseru and 48 percent in Leribe reported having been married, only 30 percent and 28 percent, respectively, were currently married and living with their spouse. There was a fair amount of mobility among the women, with 31 percent of those from Maseru and 28 percent of those from Leribe reporting having been away from home for more than one month. Thirteen percent of the women from Maseru and 14 percent from Leribe reported that they had consumed alcohol, while only around 2 and 3 percent from Maseru and Leribe, respectively, reported that they consumed alcohol everyday. A much smaller percentage reported having used drugs—around 8 percent from Maseru and 10 percent from Leribe.

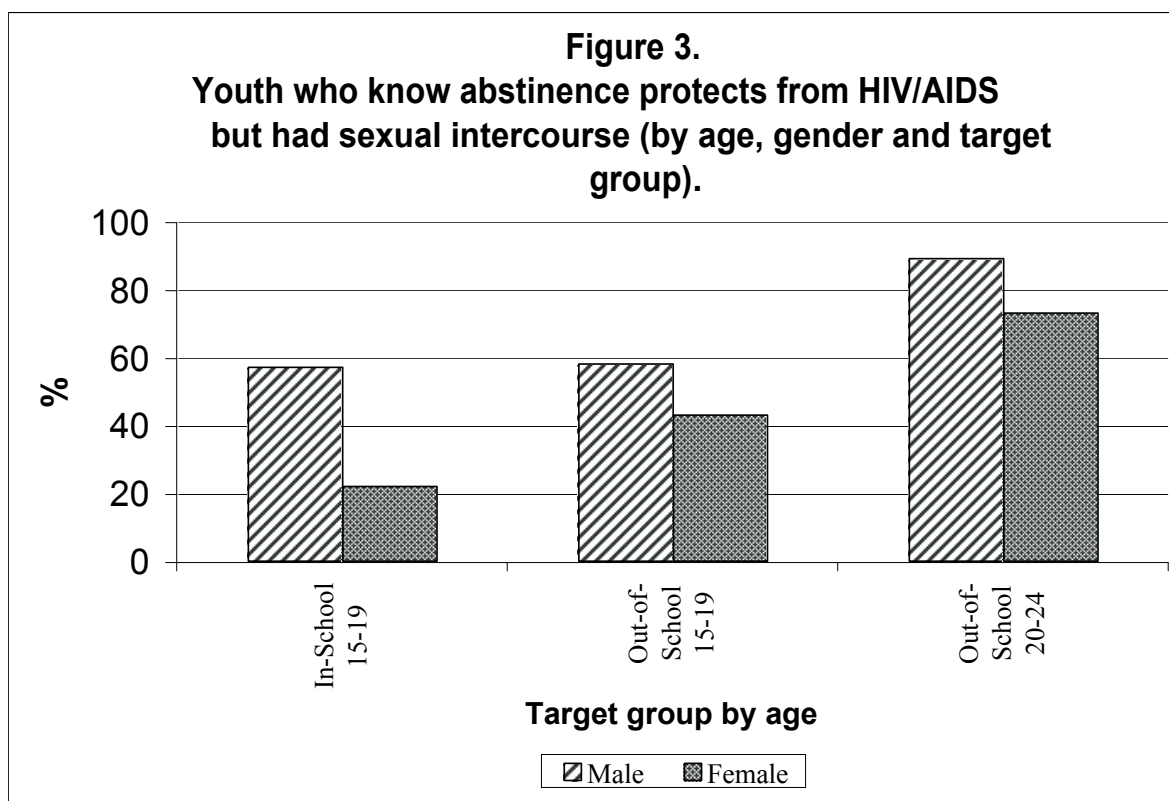
Fifty-four percent of women surveyed in Maseru and 48 percent in Leribe reported having had sex with a non-regular partner in the past 12 months.

Awareness of condoms in both Maseru and Leribe was 71 percent and 72 percent, respectively. Among those reporting having had sex with a non-regular partner, 43 percent from Maseru and 29 percent from Leribe reported having used a condom during their last sexual encounter. A significant proportion—43 percent from Maseru and 51 percent from Leribe—reported never using condoms with non-regular partners.

STDs awareness was relatively high among female adults surveyed, with a majority of women spontaneously identifying genital ulcers/sores and genital discharge as symptoms of female STDs. Nine percent of women from Maseru and 8 percent from Leribe reported an episode of urethral discharge and/or a genital ulcer in the previous 12 months.

3.5 Adult Male Target Populations: Military, Miners and Taxi Drivers/Assistants

The survey included 765 miners from the districts of Maseru and Leribe, 496 soldiers from Maseru, and 713 taxi drivers and assistants from the districts of Maseru and Leribe. Two of the male populations were older, with a median age of 35 for the miners and 35 for the military men, and a higher proportion of them were married (over 85 percent and 77 percent married, respectively) than their male counterparts in the taxi business, whose median age was 24 years in Maseru and 25 years in



Leribe, and only 45 percent and 53 percent of whom, respectively, were married. Both the military and taxi driver populations reported significant mobility, with 42 percent of military men and around 40 percent of the taxi drivers reporting being recently away from home for more than one month. Seventy-five percent of the miners from Maseru and 86 percent from Leribe reported visiting home at least once a month. About one-half of the miners and taxi drivers from both Maseru and Leribe reported that they had consumed alcohol in the last four weeks, and a comparatively much smaller percentage reported having ever used drugs (around 20 percent of the miners and 30 percent of the taxi drivers). Over 70 percent of the soldiers reported regularly consuming alcohol, and a much smaller percentage reported having ever used drugs (26 percent).

While 54 percent of miners surveyed in Maseru and 46 percent of those in Leribe reported having had sex with a non-regular partner in the past 12 months, only a small minority—4 percent from Maseru and 3 percent from Leribe—reported having had commercial partners over the same period. Thirty-two percent of the currently sexually active miners in both Maseru and Leribe had multiple sexual partners in the past 12 months. Among those reporting having had sex with a non-regular partner, 45 percent from Maseru and 56 percent from Leribe reported having used a condom during their last sexual contact. A significant proportion—44 percent from Maseru and 35 percent from Leribe—reported never using condoms with non-regular partners.

Eighty percent of the soldiers surveyed reported having had sex with a non-regular partner in the past twelve months, and only 1 percent reported having had commercial partners over the same period. Fifty-four percent of the currently sexually active soldiers had multiple partners in the past year. Among those reporting having had sex with a non-regular partner, 75 percent reported having used a condom during their last sexual contact. Nine percent reported never using condoms with non-regular partners. Eighty percent of the taxi drivers and assistants surveyed in Maseru and around 75 percent of those from Leribe reported having had sex with a non-regular partner in the past 12 months. Only a small proportion—less than 2 percent in both Maseru and Leribe—reported

having had commercial partners over the same period. Overall, 59 percent of the currently sexually active taxi drivers in both Maseru and Leribe had multiple partners in the past twelve months. Fifty-two percent from Maseru and 55 percent from Leribe reported having used a condom during their last sexual encounter. Around 27 percent of the taxi drivers surveyed in Maseru and 22 percent in Leribe reported never using condoms with non-regular partners. Consistent condom use with commercial partners was low among all the male adult populations, with none of them reporting 100 percent use.

Awareness of condoms was high (99 percent) among the adult male populations, with the soldiers reporting the highest level of awareness.

STDs awareness was generally very high among all the male adult populations surveyed, with a majority of men spontaneously identifying genital ulcers/sores and genital discharge as symptoms of male STDs. Sixteen percent of taxi drivers from Maseru and 9 percent of those from Leribe reported an episode of urethral discharge and/or a genital ulcers in the previous 12 months. Only 5 percent of the soldiers reported having had an STD symptom in the past 12 months. A slightly lower percentage of miners in both Maseru and Leribe reported having had the same symptoms—4 percent and 3 percent, respectively—over the same time period.

The soldiers reported the highest levels of knowledge about AIDS among the male adult populations surveyed (Table 6). Seventy-five percent of them knew all three appropriate ways of preventing HIV/AIDS, 64 percent had no incorrect beliefs about AIDS and over 50 percent had a comprehensive knowledge about AIDS. Likewise, the officers reported the highest level of condom use during the last sexual encounter with a non-regular partner. It is worth noting that 86 percent of the officers reported having seen or read articles about HIV/AIDS in the print press; the most commonly cited

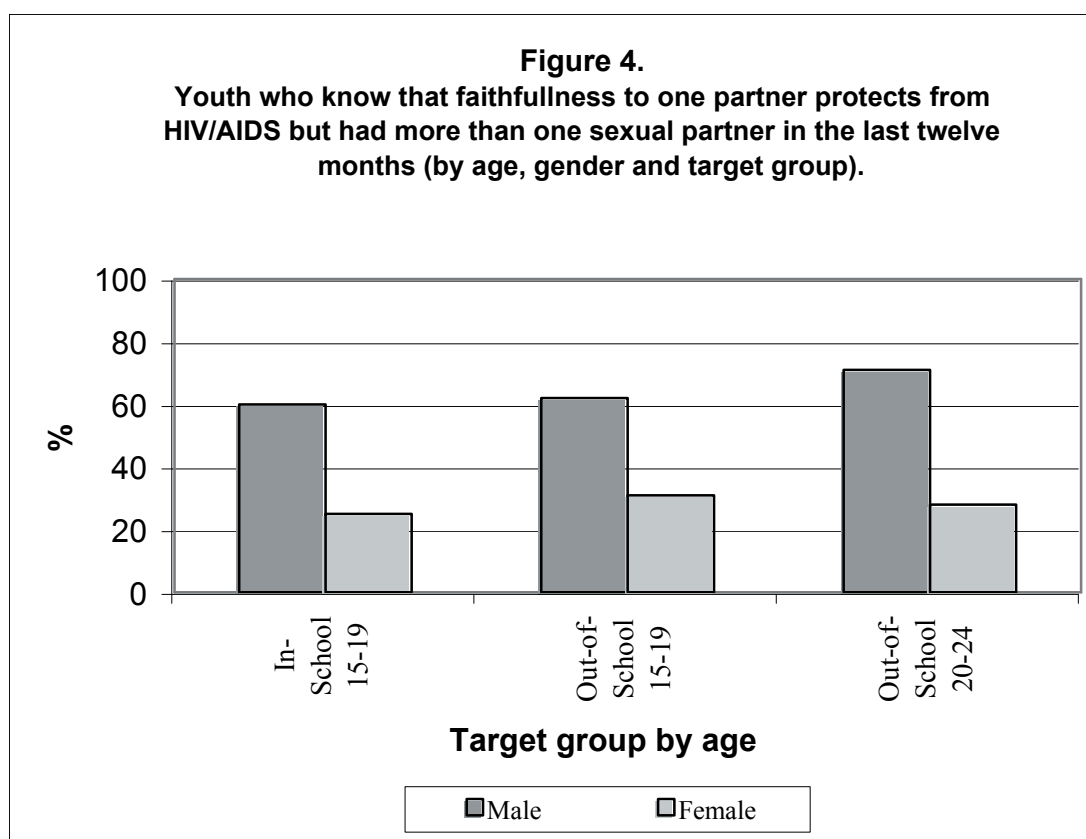


Table 6: Adult male BSS indicators

Indicator	Military	Miners			Taxi drivers/Assistants		
	Maseru	Maseru	Leribe	Total	Maseru	Leribe	Total
Knowledge of HIV prevention methods	75.3% (372/464)	48.4% (178/368)	48.3% (180/373)	48.3% (358/741)	54.4% (218/401)	58.6% (177/302)	56.2% (395/703)
No incorrect beliefs about AIDS	63.8% (315/494)	33.7% (124/368)	33.0% (123/373)	33.3% (247/741)	33.2% (133/401)	36.8% (111/302)	34.7% (244/703)
Comprehensive knowledge about AIDS	50.6% (250/494)	21.5% (79/368)	18.8% (70/ 373)	20.1% (149/741)	22.9% (92/401)	29.8% (90/302)	25.9% (182/703)
Accepting attitudes towards those infected by HIV/AIDS	21.3% (105/494)	10.1% (37/368)	7.5% (28/373)	8.8% (65/741)	7.0% (28/401)	10.9% (33/302)	8.7% (61/703)
Risky sex in the last year	80.4% (397/494)	54.9% (197/359)	46.4% (175/377)	49.5% (364/736)	80.0% (300/375)	76.2% (211/277)	78.2% (510/652)
Condom use at last non-regular sex	74.3% (295/397)	45.1% (88/195)	55.6% (95/172)	50.0% (183/366)	51.7% (155/300)	55.2% (116/210)	53.1% (271/510)
Commercial sex	1.0% (5/494)	3.9% (14/359)	2.4% (9/377)	3.1% (23/736)	1.6% (6/375)	1.4% (4/277)	1.5% (10/652)
Condom use at last commercial sex	80.0% (4/5)	50.0% (7/14)	44.4% (4/9)	47.8% (11/23)	66.7% (4/6)	50.0% (2/4)	60.0% (6/10)

sources of information within the print media were leaflets, newspapers and posters. Three-quarters of the officers had participated in anti-AIDS activities within their respective units.

The taxi drivers had slightly higher levels of comprehensive knowledge about AIDS than their counterparts in the mining sector. However, they were much more inclined to practice risky sexual behaviors, with less than 30 percent in Maseru and Leribe reporting that they had never used condoms with their non-regular partners over the last 12 months. Few miners reported risky sex in the last year; however, they reported the least consistency of condom use—44 percent from Maseru and 35 percent from Leribe had never used condoms with their non-regular partners in the last 12 months—compared to the other male adults in the survey. Reasons for non-use of condoms with non-regular partners among both the miners and taxi drivers were that they did not like condoms and had not thought it was necessary to use them. Clearly, it is essential that men in these two groups continue to be targeted in AIDS prevention programs.

With respect to HIV testing, 30 percent of the military, 23 percent of the taxi drivers and assistants and 38 percent of the miners had been tested in the last year. Forty-four percent of the military men, 37 percent of the taxi drivers and assistants and 41 percent of the miners, respectively, said that if a member of their family became ill with HIV, they would want to keep it secret.

4. DISCUSSIONS AND CONCLUSIONS

Comprehensive knowledge about AIDS remains low in Lesotho across all adult and youth target populations. Knowledge of all three HIV prevention methods is variable among the groups, with soldiers reporting highest levels of knowledge and female sex workers the lowest levels. However, knowledge does not necessarily indicate that people are practicing safer sex. Only 66 to 87 percent of all populations were able to cite “use condoms correctly with all sex partners” as a means to prevent HIV infection. Incorrect beliefs about HIV—such as being able to cure AIDS by having sex with a virgin or getting infected by sharing a meal with someone who has AIDS—are still prevalent among adult and youth populations. Such false beliefs further stigmatize and cause greater discrimination against people living with HIV/AIDS. Examples of findings from this study, which may act as signposts for future intervention projects for individual target groups, are given below. Further qualitative research would also improve our understanding of the causes of risky behavior and of the barriers to adopting good sexual behavior among all the target populations.

Young Men and Women (In-School and Out-of-School Youth)

An HIV/AIDS study undertaken in Lesotho among 1,120 students in 1992⁸ showed that 62 percent were sexually active. The mean age at first sexual contact was 16 years of age, and male students were found to be seven times more likely to start sex earlier than their female counterparts.

In another study conducted among 307 youth (15 to 24 years) in the districts of Leribe, Maseru and Mafeteng,⁹ it was found that 71 percent of the males and 32 percent of the females were sexually active ($p < 0.000$), thus confirming that gender has a bearing on sexual engagement. The average age at first sexual encounter was found to be 14 years and that of the partner was 17 years.

The 2002 Lesotho Reproductive Health Survey conducted by the Bureau of Statistics indicates that Basotho start sexual activity as early as age 12 years, and that boys begin sexual activity earlier than girls. By the age of 19 years, 68 percent of boys and girls reported having had sex. Girls initiated sex with older boys while boys initiated sex with younger girls.

STD awareness was found to be very high among adolescents, and most of them were able to identify the signs and symptoms of the diseases in both males and females. The study found that STDs were common among the adolescents, and this was attributed to the low use of condoms and unplanned sexual relationships. About 84 percent knew that AIDS could be transmitted to an unborn child.

The same study concludes that adolescents become sexually active early in their lives and in most cases without any prior information on sex and sexuality. The study also observed that parents do not teach their children much about sex and that schools and health centers play a major role in providing such information.

The results of this BSS are substantiated by the findings from previous studies. As in the other studies, more male respondents than female respondents reported ever having sex. Youth start engaging in sexual activities at a young age (median age at first sex was 15 years for male in-school youth and 16 years for their female counterparts). For the out-of-school youth, median age at first sex was 15 years for both males in the 15 to 19 and 20 to 24 age groups, and it was 19 years for the 15-to-19-year-old females and 20 years for the 20-to-24-year-old females. The female youth engaged in risky sexual patterns whereby at a very young age they started having sex with older males.

Overall, male youth were found to be more sexually active. They reported higher numbers of partners, and a higher proportion than their female counterparts reported having used drugs. The levels of condom use during their first sexual encounter and the last sexual encounter with noncommercial partners were low. Other reports have shown that the high rate of sexual activity among youth is a result of a lack of communication on matters related to sexuality among parents and their children; this may well be the case in this study and could be explored in more detail through focus group discussions.

The gap between knowledge and behavior is high. Although most youth know the three prevention methods, more than half engaged in risky sex in the last year, and more than half of the 15-to-19-year-old and 20-to-24-year-old male youth had more than one partner. Among youth who know that abstinence protects against infection, more than 50 percent of the 15 to 19 year old males and more than 80 percent of the male out-of-school youth had experienced sex (Figures 3, 4 and 5).

Awareness of condoms is higher among male youth than the females; however, the need to improve condom access and use is urgent, especially for young people. This holds true for STD recognition and early, effective treatment in order to prevent the spread of STDs and HIV to others.

Comprehensive knowledge about AIDS is low among youth. Comparatively speaking, in-school youth had a higher level of knowledge than out-of-school youth, and this could be because of the exposure to health and HIV/AIDS education in the schools.

Female Sex Workers

Early sex, including first receiving money for sex at an early age, is a common phenomenon among female sex workers. The reported incidence of STDs was higher in sex workers, which is consistent with the low rates of reported condom use. Only 36 percent of FSWs reported consistent condom use with clients. Awareness of a source of male condoms was low—only 83 percent among FSWs. Knowledge of all three appropriate ways of HIV prevention methods was also low among FSWs.

Adult Women

A study conducted among garment industry employees in Lesotho¹⁰ shows that just over a tenth of the respondents said they knew someone who died of AIDS in the last 12 months. Half of these indicated that the person who died worked in the factory. Sixty-five percent knew that a healthy looking person can be infected with the virus. Around 60 percent of the respondents knew that using condoms could prevent the spread of HIV/AIDS. It was interesting to note that very few of the respondents mentioned being faithful (15 percent) and abstinence (13 percent) as ways of preventing the spread of HIV/AIDS.

The current BSS findings show that a significant awareness of HIV/AIDS exists among low-income migrant women, though it would seem that in practice people are still engaging in multiple sexual partnerships. Comprehensive knowledge about AIDS was very low (around 21 percent), and just over 50 percent had complete knowledge of the HIV prevention methods. Incorrect beliefs about AIDS are still quite prevalent among adult women, and very few (12 percent) responded positively to questions on stigma and discrimination.

The incidence of risky sex in the last year was high (51 percent), and condom use at the last non-regular sexual encounter was equally low. There was no consistent condom use over the past 12 months.

Adult Men

Both soldiers and taxi drivers/assistants reported significant mobility, with 42 percent of military men and 47 to 50 percent of taxi drivers/assistants reporting being recently away from home for more than a month. About half of miners and taxi drivers and 69 percent of soldiers reported regular consumption of alcohol. Multiple partnerships are a common phenomenon among the three adult male populations (ranging from 32 to 59 percent), with the taxi drivers reporting the highest proportion. For adult men, the incidence of risky sex in the last year was high, particularly among the soldiers and taxi drivers/assistants. Unprotected risky sex in the past year was also prevalent. Risky sex among married men was also high (46 to 91 percent), with the miners and taxi drivers reporting the highest proportions. Common reasons for the nonuse of condoms were that they did not like them and had not thought it was necessary to use them.

In all three adult target groups, the gap between knowledge and practice was high, and it was the highest among the miners and the taxi drivers. More than 80 percent of the miners, taxi drivers and assistants who knew the three prevention methods had recent unprotected sex with non-marital partners. More than 50 percent of those who say they knew someone who is infected or died of AIDS had recent risky sex (Figure 6).

A third of the married taxi drivers and assistants and military men had multiple partners in the last year. More than 80 percent of the married miners and taxi drivers and assistants had recent risky sex with non-marital partners (Figure 7).

Knowledge of STD symptoms was high, but the reported incidence of STDs was contradictory to the high reported incidence of STDs among male adults that is indicated in the health statistics reports. Low rates (3 to 16 percent) were reported in this study, but it is believed this was because self-reporting can make people less likely to report that they had an STD.

Comprehensive knowledge about AIDS was particularly low among the miners and taxi drivers/assistants compared to the soldiers. Clearly it is essential that men in these groups continue to be targeted with AIDS prevention programs.

All Groups

HIV testing is very low in all groups. In the adult groups, more than half said that if a member of their family became ill with HIV, they would not want it to remain a secret.

5. RECOMMENDATIONS

- Intensify the social marketing of condoms.
- Promote female condoms among women.
- Develop and promote prevention programmes that focus on partner reduction and delay of sexual debut as key elements of IEC/BCC approach.
- Develop a strong IEC/BCC programme in schools (especially primary schools).
- Develop a strong VCT programme, i.e. develop VCT sites throughout the country and encourage people to go for HIV testing. VCT service promotion should emphasize confidentiality.
- Develop youth centers where youth can obtain information and education on improved reproductive health and HIV/AIDS prevention behaviors such as delaying first sex, reducing the number of partners (for those who are sexually active) and the use of condoms. The centers could also provide VCT services to youth.
- Recruit and train people (e.g. community leaders/chiefs, teachers and pastors) as HIV/AIDS counselors. Training should include issues related to prevention, treatment and partner counseling.
- Intensify HIV/AIDS IEC/BCC activities for all target groups.
- Intensify training on home-based care of AIDS patients.
- Create campaigns that focus on reducing stigma and discrimination and encouraging care for people living with AIDS.

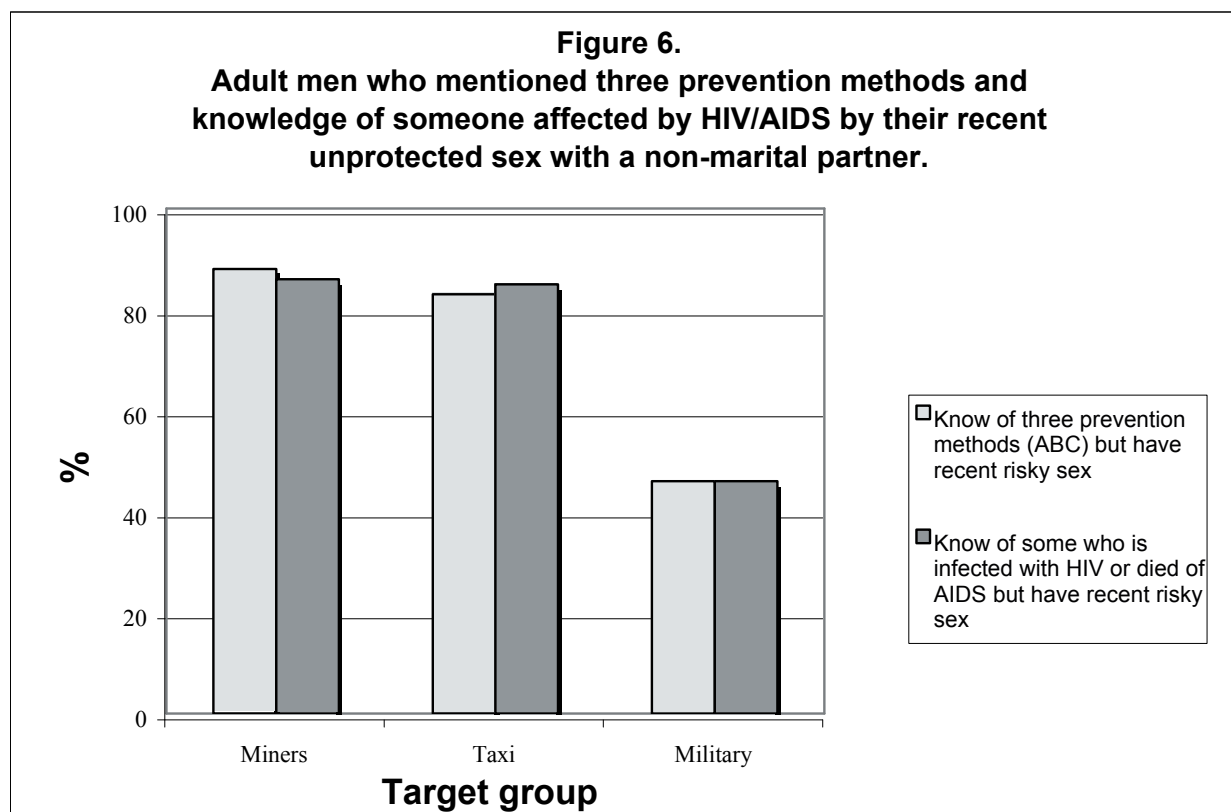
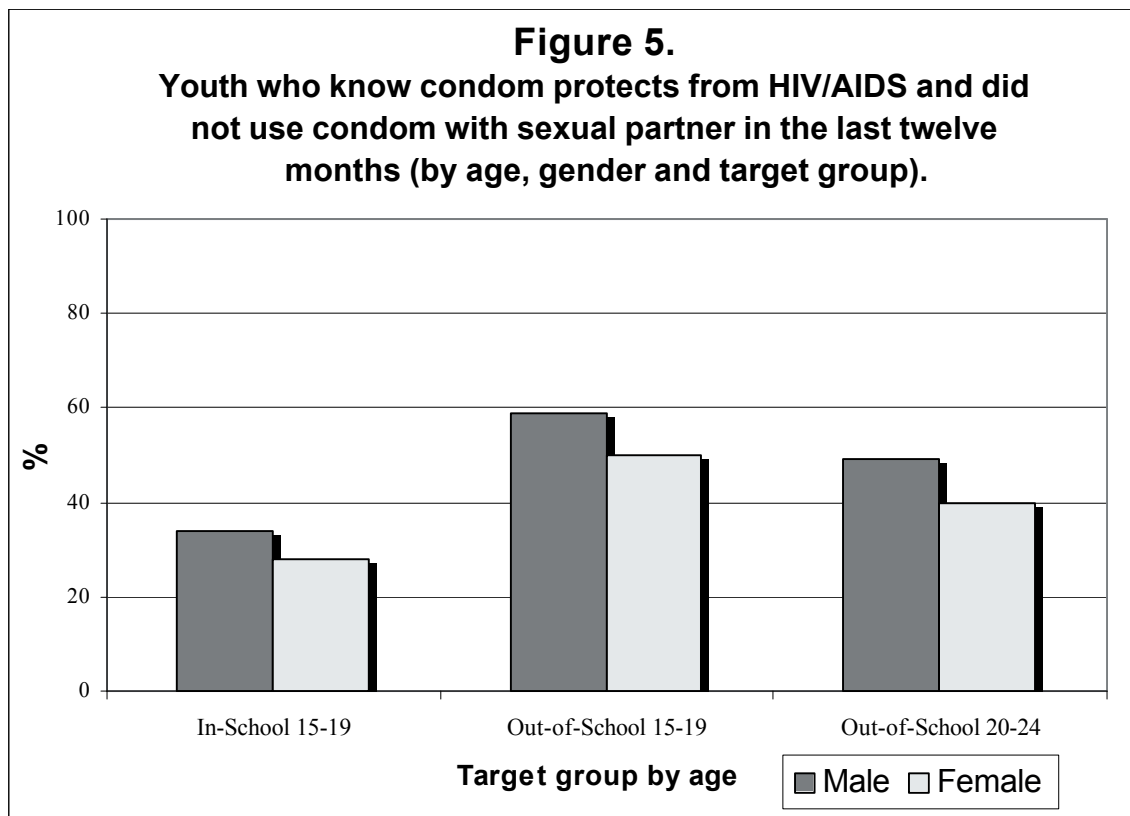
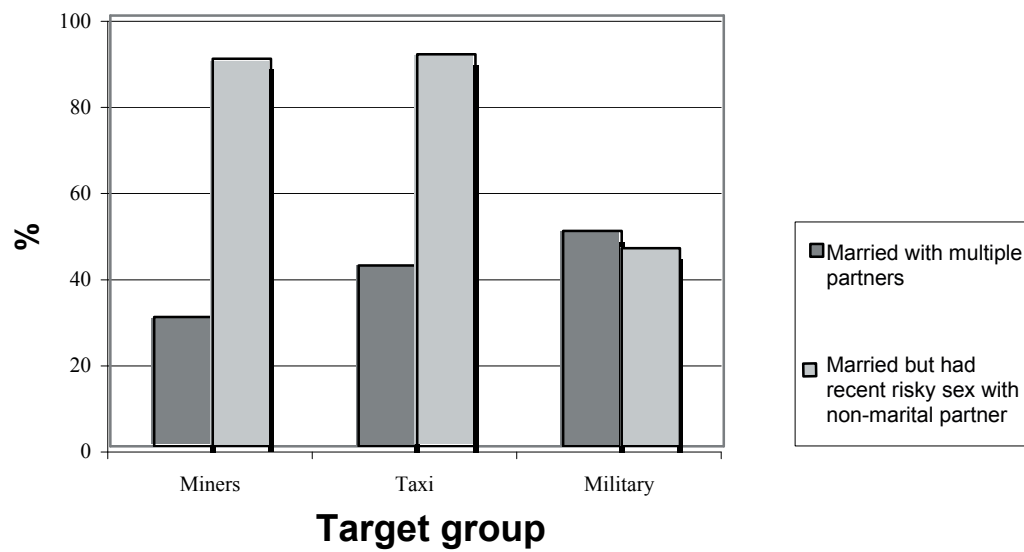


Figure 7.
Multiple partnership and risky sex.



Appendix 1

Indicators appropriate for all target groups		
No.	Sex-Specific Indicator	Denominator
1.	Percent of target group who correctly identify three effective means of protecting themselves from HIV infection (prompted). <i>Correct answers: sex with one uninfected faithful partner, abstain from sex, use condoms correctly with all sex partners.</i>	Entire sample
Indicators appropriate for adults (non-FSW)		
No.	Sex-Specific Indicator	Denominator
1.	Number of non-regular partners during past 12 months (" <i>non-regular</i> " defined as <i>non-spousal, non-cohabitational</i>).	Entire sample
2.	Percent of target group with commercial partners during past 12 months (" <i>commercial</i> " partners refer to <i>individuals who received money for sex</i>).	Entire sample
3.	Percent of target group reporting condom use during most recent sex act with non-regular partner in last 12 months.	Number who had non-regular partner in last 12 months
4.	Percent of target group reporting consistent condom use with non-regular partners over past 12 months.	Number who had non-regular partner in last 12 months
5.	Percent of target group reporting condom use during most recent sex act with commercial partner in last 12 months.	Number who had commercial partner in last 12 months
6.	Percent of target group reporting consistent condom use with commercial partners over past 12 months.	Number who had commercial partner in last 12 months
7.	Percent of target group reporting unprotected sex with any non-regular or commercial sex partner during past 12 months.	Entire sample (sexually active respondents only)
Indicators appropriate for all target groups		
No.	Sex-Specific Indicator	Denominator
1.	Median age at first sex.	Entire sample
2.	Percent of target group with non-commercial partners during past 12 months.	Entire sample
3.	Percent of youth reporting condom use in most recent sex act with non-commercial partner in last 12 months.	Number who had at least one non-commercial partner in last 12 months
4.	Percent of youth reporting consistent condom use with all non-commercial partners over past 12 months.	Number who had at least one non-commercial partner in last 12 months
5.	Percent of youth reporting condom use in most recent sex act with commercial partner.	Number who had at least one commercial partner in last 12 months
6.	Percent of youth reporting consistent condom use with commercial partners over past 12 months.	Number who had at least one commercial partner in last 12 months
7.	Percent of youth reporting unprotected sex with any non-regular or commercial sex partner during past 12 months.	Entire sample
Indicators appropriate for all target groups		
No.	Sex-Specific Indicator	Denominator
1.	Percent of FSWs reporting condom use during most recent sex act with client.	Entire sample
2.	Percent of FSWs reporting consistent condom use with clients during past 30 days.	Entire sample

ENDNOTES

- 1 Interim Poverty Reduction Strategy Paper. Kingdom of Lesotho. Ministry of Development Planning. December 2000.
- 2 Julian Many, Benjamin Roberts, George Moqasa and Ingrid Woolard. Chapter 2: Poverty and inequality in Lesotho. 2001
- 3 Poverty and Livelihoods in Lesotho, 2000. More than a Mapping Exercise. Sechaba Consultants.
- 4 MOHSW AIDS Epidemiology in Lesotho, 2000.
- 5 MOHSW HIV/AIDS and STD Situation in Lesotho, 2000.
- 6 UNICEF, Listening to the Children: Child Workers in the Shadow of AIDS, June 2001.
- 7 World Bank Document, Lesotho: The Development Impact of HIV/AIDS Selected Issues and Options, July 2000.
- 8 MOHSW (1994) Young People's Health and Development in Lesotho
- 9 S.T. Motlomelo and E.M. Sebatane, (1999) A Study of Adolescents' Health Problems in Leribe, Maseru and Mafeteng Districts of Lesotho
- 10 Salm A., Grant W.J. et al Lesotho Garment Industry Subsector Study for the Government of Lesotho, January, 2002

ADDITIONAL RESOURCES

For more information, see the following technical guidelines:

Family Health International, June 2000. *Behavioral Surveillance Surveys (BSS): Guidelines for Repeated Behavioral Surveys in Populations at Risk for HIV.*

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